

Patient Intake Form

Name	
Date of birth	
Address	
Phone	
Email	
Occupation	
Preferred pharmacy	

Weight History

Age	
Gender	
Age of onset of weight gain	
Highest weight	
Desired weight	
Weight increased over:	
Years	
Months	

Weight gain started because of:

- Decreased activity
- Stress
- Marriage/divorce
- Illness
- New job
- Pregnancy
- Menopause
- Relocation
- Retirement
- Anxiety
- Depression
- other

Previous weight loss attempts

- Dieting
- Medications
- Phentermine
- Injections
 - Liraglutide (e.g., Saxenda)
 - Semaglutide (e.g., Wegovy)
 - other

Surgery

- Roux-en-y gastric bypass
- Gastric sleeve
- Gastric band

Reason weight loss is desirable

- Fit into clothes
- Look better
- Feel better, more energy
- Be healthier
- Live longer

Eating pattern

- Skip breakfast or lunch
- Snacks in between meals
- Snack after dinner
- Binge eating
- Carbs more than protein
- Protein more than carbs

- Sodas
- Sweetened beverages (including tea)
- Alcoholic beverages each week
- 1-3
- 3-5
- 5-7

Sleep History

Number of hours	
Shift work (work at night often)	
Snoring	
Sleep apnea	
Sleepy during the day	
Sometimes I wake up and eat something	
Wake up often	
Hot flashes	

Past Medical History

Prediabetes		
Diabetes		
Gestational diabetes		
Heart disease		
High blood pressure		
Thyroid disease		
Thyroid cancer		
MEN2 disease		
Kidney disease		

Liver disease		
Fatty liver		
Pancreatitis		
Gallbladder disease		
Gastrointestinal disease		
Irritable bowel syndrome		
Crohn's disease		
Gastric reflux		
Chronic fatigue		
Fibromyalgia		
Anxiety		
Depression		
Sleep apnea		
Easy bruising		
Cancer		

Physical activity

- Exercise
- No
- Yes 1-2 x week. 3-5 x week
- Sit-down job
- Steps each day
- < 3,000
- 5,000 or more
- Weight training
- No
- Yes 1-2 days per week, at least

Past surgical history

- Heart surgery
- Hysterectomy

Cancer					
obesity					

Social History

Smoking	
Menstrual cycles present	
Contraception: vasectomy, birth control pills or IUD or other	